

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/10/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185463	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/24/2015
NAME OF PROVIDER OR SUPPLIER BROOKDALE RICHMOND PLACE SNF			STREET ADDRESS, CITY, STATE, ZIP CODE 2770 PALUMBO DRIVE LEXINGTON, KY 40509		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS	F 000			
F 157 SS=D	<p>An Abbreviated Survey investigating Complaint #KY00023817, was initiated on 09/22/15 and concluded on 09/24/15. KY00023817 was unsubstantiated with unrelated deficiencies cited.</p> <p>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC)</p> <p>A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p>	F 157			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

10/29/2015

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 157	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, record review, and review of facility's policy, it was determined the facility failed to notify one (1) of four (4) sampled residents' Responsible Party (RP)/Power of Attorney (POA) when the resident experienced a change in status. Although the Physician was notified on 08/27/15, of Resident #1 having frequency and difficulty urinating, requiring the insertion of a urinary catheter (a thin flexible hollow tube placed through the urethra into the bladder to allow the urine to drain), there was no documented evidence Resident #1's Responsible Party/POA was notified. In addition, although the Physician was notified of abnormal laboratory values on 09/10/15 and new Physician's Orders were received for an iron supplement, there was again no documented evidence the resident's Responsible Party/POA was notified.</p> <p>The findings include:</p> <p>Review of the facility's policy, titled "Change of Condition for Skilled Nursing Communities" revised 07/20/15, revealed when a resident was assessed as having a change in condition, the charge nurse would follow through in documentation of notification to the family/legal representative, the physician and other licensed nurses in order to facilitate the appropriate plan of care. Section D of the policy revealed, a resident's change of condition may include but was not limited to abnormal laboratory results and X-Rays, or infections/antibiotics.</p>	F 157			

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F 157	<p>Continued From page 2</p> <p>Review of Resident #1's medical record revealed the facility admitted the resident on 06/24/15, with diagnoses which included Dementia, Depression, Hypertension, Hip Fracture, Syncope and Collapse. Review of the Admission Minimum Data Set (MDS) Assessment, dated 07/01/15, revealed the resident had a Brief Interview for Mental Status (BIMS) of a fourteen (14) indicating the resident was cognitively intact.</p> <p>Review of the Nurse's Notes, dated 08/27/15 at 7:15 PM, revealed the resident complained of frequency and difficulty starting to void (to excrete urine). Per the Note, an In and Out (I&O) catheter was done (insertion of a urinary catheter into the urethra to the bladder to allow urine to drain) with 300 milliliters (ml's) of residual urine return. Further review of the Note, revealed the Nurse Practitioner (APRN) was notified; however, there was no documented evidence the RP was notified.</p> <p>Review of the laboratory data for a Hemoglobin (HGB) and Hematocrit (HCT) collected on 09/10/15, and reported on 09/10/15, revealed the HGB was eight (8) (reference range of 14.1-18.1) and the HCT was 26.2 (reference range of 43.5-53.7). The laboratory report indicted the nurse called the Physician for notification of the results. New Physician's Orders were received on 9/10/15 for Nifrex (iron supplement to prevent and treat iron deficiencies). However, there was no documented evidence the RP/POA was notified of the lab results or the new order for Nifrex.</p> <p>Interview with Licensed Practical Nurse (LPN) #1, on 09/24/15 at 3:55 PM, revealed the resident's RP/POA and physician was to be notified of any</p>	F 157			

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F 157	<p>Continued From page 3</p> <p>change with the resident. LPN #1 stated he thought Resident #1 was his/her own RP because he/she was alert and oriented to person, place and time. LPN #1 further revealed the RP/POA was listed in the front of the residents chart. Upon review of Resident #1's face sheet LPN #1 stated, "oh the daughter is the RP". LPN #1 further stated he did not notify the resident's daughter with all changes but did notify the resident. Per interview, LPN #1 stated he always told the resident's daughter of changes when she was in the facility.</p> <p>Interview with LPN #2 on 09/24/15 at 2:10 PM, revealed Resident #1 was his/her own RP but when the resident's daughter came in she always notified her of any new concerns with the resident. LPN #2 reviewed the Face Sheet on the chart and stated, the Responsible Party/POA was listed in the front of the residents' chart as the resident's daughter. LPN #2 stated, she never notified the resident's daughter of changes with the resident unless she was in the building.</p> <p>Interview with the Director of Nursing (DON), on 09/24/15 at 5:30 PM, revealed she expected licensed staff to notify the Physician, RP/POA of any changes in a resident's condition. The DON stated, she thought the staff understood the importance of notifying the RP, but due to the resident being alert and oriented, the staff assumed the resident was his/her own RP. The DON further stated staff should always check to see if a resident had a RP/POA.</p> <p>Interview with the Administrator, on 09/24/15 at 6:00 PM, revealed she expected licensed staff to notify the RP/POA with any changes in a resident's condition.</p>	F 157			

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